



**Mississippi Rural Health Association,
Mississippi Office of Rural Health, and
Mississippi Area Health Education Centers**

Crossroads



VOLUME 8, Issue 1

Winter 2012

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From the MRHA president's pen

Greetings from the world of rural health, Mississippi style! I am honored to serve as the president of the Mississippi Rural Health Association. At the same time, I am overwhelmed when I consider the issues we have always faced along with those that the new year will bring.

Change is inevitable. As a matter of fact, the only situation that doesn't change is the fact that things are going to change! And as we experience this human condition, we come to realize that we really don't like change one bit – it forces us to step outside of our comfort zone and into an unfamiliar realm.



**Danny McKay, President
Mississippi Rural
Health Association 2012**

But ironically, some of the most successful individuals and organizations in this existence are those that adapt well to

change and, better yet, find a way to make that change work *for* them! Therein lies the challenge before us – to recognize the difference, adapt to it, and make it work for us!

Ah, but this is not for the faint of heart! It is through the support of organizations such as MRHA that we can experience these issues together and find the common goals that will make the rural health system more efficient and stable and improve the quality of health and life for rural Mississippians.

And to that goal we are committed! I look forward to the coming year as your MRHA president.

Kelly named MRHA Executive Director

Ryan Kelly has been selected as the Mississippi Rural Health Association's new executive director. Kelly will handle all administrative matters for the association, including membership development, financial oversight, communication, growth of external funding, and public representation of the association, among others.

Kelly's role with the MRHA is part of a contractual agreement between the association and The University of Southern Mississippi's College of Health, where the college will serve as an administrating body for the association with Kelly as the designated leader. Dr. Michael Forster, dean

of the College of Health, said, "The College of Health has always had a particular interest in the health needs of our rural communities and citizens; after all, most of Mississippi remains rural. Our contract with MRHA solidifies this focus and allows us the opportunity to provide leadership with key partners in health throughout the state."

Also serving the MRHA is Jennifer Downey, director of research support for the College of Health. Downey is also a past-president of the MRHA and brings 30 years of grant proposal development experience to the position. Kelly and Downey will help to channel the cumulative energy and



**Ryan Kelly, MS
Executive Director
Mississippi Rural
Health Association**

talent of key individuals at Southern Miss for the benefit and growth of the MRHA.
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Rural Health Clinic Workshop Friday, February 10, 2012 River Region Health System Vicksburg, Mississippi

This workshop is designed for clinic administrators, clinic managers, billers, clinic financial personnel, and quality assurance officers. Registration includes a six-hour workshop, a take-home tool kit, and lunch. For more information, contact Ryan Kelly, MRHA Executive Director, at 601.898.3001.

Registration:

\$125.00 – non MRHA members* \$100.00 – MRHA members

**non-member fee includes a one-year membership in the Mississippi Rural Health Association*

Agenda:

8:30 a.m.	Registration
9:00 a.m.	Welcome and Introduction
9:15 a.m.	Top 20 RHC Billing Concerns
10:00 a.m.	EHR Stage 1 requirements in the RHC
10:45 a.m.	Break
11:00 a.m.	Grant Proposal Writing 101
11:45 a.m.	Survey and Re-certification
12:30 p.m.	Lunch (provided)
1:30 p.m.	RHC Medicaid Reimbursement
3:00 p.m.	Break
3:15 p.m.	Surviving the Audits
4:00 p.m.	Evaluation/Adjourn

Presenters:

Joanie Perkins, CPC, North Sunflower Medical Center
Jennifer Downey, MA, College of Health, The University of Southern Mississippi
Kimsey Whipps, Mississippi Division of Medicaid

Rural Health Clinic Workshop

REGISTRATION FORM:

Name	Organization
Title	Address
City/State/Zip	Telephone
County	Email

Checks should be made payable to the Mississippi Rural Health Association (MRHA) and mailed with this registration form to 31 Woodgreen Place, Madison, MS 39110.

Kelly named MRHA Executive Director (continued)

(continued from page 1)

Kelly states, "I am looking forward to a substantial year of growth for the MRHA in 2012, and the development of a strong link between rural health care in our state

and the quality of life that we all deserve as citizens." Alan Barefield, 2011 president of the MRHA, adds, "I think that (Kelly's) tenure with MRHA will serve to carry our organization to new heights."

Kelly officially began his tenure as executive director on November 1. He can be reached by calling the MRHA office at 601.898.3001 or his USM office at 601.266.5103.

MRHA to launch membership drive

In an effort to fulfill the mission of the Mississippi Rural Health Association and increase its range of influence in the state, the Association will launch a membership drive in January 2012. Similar to drives in the past, each 2011 member of the association will receive a letter asking for their support in 2012. You may see some differences in the 2012 drive, though, including the establishment and use of social networking sites such as Facebook and Twitter, an increased presence at statewide events and institutions of higher learning, and increased e-mail communication and marketing.

The MRHA plans to provide a variety of educational and informative communication pieces to each of its members in 2012. Membership tracking will become a priority for the Association, and it expects to begin a custom-

ized process for distributing information to each member. In addition, the Association believes it is important to clearly define the benefits of membership and to establish new benefits that best fit the needs of its members.

So, why should you join the MRHA? Membership in the MRHA will entitle you to privileges and opportunities only available to paid members, including invitations to private networking events; discounts to rural health clinic workshops and the MRHA annual conference; voting privileges at the annual meeting; subscription to *Crossroads*, MRHA's quarterly newsletter; and subscription to a new weekly e-newsletter with links to valuable articles and information pertaining to rural health. Perhaps most importantly, membership gives you a voice of support for rural health in Mississippi. As the Association grows, it will do so in the direction of

advocacy to help voice the needs of rural health in the state. The MRHA wants your voice to be heard, and membership is a great way to do it!

Membership is open to anyone wishing to advance rural health in Mississippi. Individuals may join for \$25 and organizations for \$100 (includes up to 5 members). A special student membership is also available for \$10. Membership cards for the 2012 year will be sent in early January. If you are unsure as to the status of your membership, the MRHA will be happy to provide this for you.

For more information or to join, contact the MRHA office at 601.898.3001 or mississippirural@bellsouth.net, visit the Association's site on the Web at www.msrrural.org, or see page 4 of this newsletter.



No-cost tobacco cessation training for rural health clinics

Did you know the Mississippi Rural Health Association can provide a training workshop on tobacco cessation counseling for rural health clinics?

The workshop provides a health overview and covers a range of topics including local and national tobacco statistics, effective intervention strategies, medications review, motivational enhancements, and systems change procedures for the clinic environment.

There is **no cost** to the clinic for staff to attend this workshop.

To schedule a tobacco cessation counseling training workshop for your rural health clinic, please contact the Mississippi Rural Health Association at 601.898.3001.



Coding Tip Corner

Injections (other than flu and pneumonia vaccines), like all other ancillary services, are billable to the Medicare Administrative Contractor (MAC) on the UB-04 form in addition to the E&M service. They may

also be charged on the UB-04 if they occur 30 days before or after a visit. They cannot be billed to Medicare Part B or to Part A as an office visit on their own.

For questions, please contact Joanie Perkins, CPC
Joanie.perkins@northsunflower.com

The MRHA welcomes these new members of its Board of Directors and thanks them for their service!

David P. Burkart
Dir. of Behavioral Health Services
Singing River Health System
Pascagoula, MS

Josh L. Cotton
Asst. Dir. of Environmental Services
Delta Regional Medical Center
Ruleville, MS

MISSISSIPPI
RURAL HEALTH
ASSOCIATION



Membership Application 2012

Please complete the application below for membership in the Mississippi Rural Health Association. Membership is per calendar year.

- ☐ **New Member** ☐ **Existing Member**

Please select the desired membership type:

Student Membership ☐ **\$10**

Graduation date _____ (month/year)

Individual Membership ☐ **\$25**

Organizational memberships *For organizational memberships, please duplicate this application for each membership.*

Tier 1 *(for up to 5 memberships)* ☐ **\$100**

Tier 2 *(for up to 10 memberships)* ☐ **\$200**

Tier 3 *(for up to 20 memberships)* ☐ **\$400**

What is your primary interest for advocacy and networking among the following options?

- | | |
|--|--|
| <input type="checkbox"/> Clinical Services | <input type="checkbox"/> Research and education |
| <input type="checkbox"/> Community health status | <input type="checkbox"/> Rural health clinics |
| <input type="checkbox"/> Community operated practices | <input type="checkbox"/> State-wide health resources |
| <input type="checkbox"/> Diverse underserved populations | <input type="checkbox"/> Student |
| <input type="checkbox"/> Hospitals and health systems | |

Send application to:

Mississippi Rural Health
Association
31 Woodgreen Place
Madison, MS 39110

Contact us:
601.898.3001
mississippirural@bellsouth.net

www.msrrural.org

Name _____

Organization/Position _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Payment ☐ Check enclosed ☐ Credit card ☐ Please invoice me

Card number _____ Exp. Date _____ CSC _____

Name on card (signature required) _____

Quality healthcare is our goal at East Central AHEC

First, let me introduce myself and give you an idea of my thinking. I am Angie Burks, the Director of the East Central Area Health Education Center (EC-AHEC), and have been the Director for one year this month. My previous employment was as Director of the Newton Chamber of Commerce for the past eight years, where I learned that partnerships and networking were the tools that hold a community together. I do believe this holds true for any type of business from the local community to a region, and even between states. I have been fortunate to be involved in recruiting and economic development opportunities that have enhanced the idea of regionalism and partnerships. The experiences gained and networks built along those years have enabled me to transition from the Chamber to AHEC with only a slight change of mind.

EC-AHEC is unique in that our host organization, East Central Health Network (ECHN), is a health consortium composed of 34 member organizations consisting of area hospitals, community health centers, and academic institutions. This network of organizations also serves as our governing body and its members consist of community health center administrators, residential center administrators, professors, CEOs, philanthropists, hospital administrators, nurse practitioners, and health officers. The health care providers in the East Central Mississippi region have worked to build a connection to the available workforce development services through community colleges to allow area health care providers to establish and maintain an intensive employee training program for its staff. The majority of healthcare providers in East Central Mississippi are small rural organizations. There are minimal financial resources to develop effective employee training programs. Despite the fact that healthcare is often one of the largest industries in many of the rural counties throughout the region, workforce development agencies focus almost entirely on the manufacturing sector. The ECHN and EC-AHEC are positioned to facilitate the effort to address this issue in partnering schools, colleges, healthcare providers, and workforce development agencies.

Our mission states we are to enhance access to quality health care by improving



**Angie Burks, Director
East Central Area Health
Education Center**

the supply and distribution of healthcare professionals through community and academic educational partnerships.

East Central AHEC currently has an active partnership with the East Central Mississippi Trauma Care Region to contract certification courses such as ACLS (Advanced Cardiovascular Life Support), PALS (Pediatric Advanced Life Support), and TNCC (Trauma Nursing Core Course). These courses are offered regionally and onsite.

A significant challenge to smaller rural healthcare providers is the cost of workforce training. Most of these organizations have minimal education and travel budgets. EC-AHEC training can significantly reduce training costs to the provider

by 1) providing onsite training, and 2) accessing workforce development funding through its established partnerships with community college workforce programs.

EC-AHEC inputs all its participants into the HC Tracker System. HC Tracker reports will provide ongoing monitoring of number of participants, courses, and sites. Our AHEC utilizes the workforce program forms for training evaluation by each participant. These evaluations provide the training center an ongoing measurement of pre and post assessment of knowledge as well as participant evaluation of course content and quality. The outcome of this training will be a highly trained healthcare workforce that will experience job satisfaction and increase the quality of healthcare available in the region.

This year alone, EC-AHEC has organized over 30 classes within a 13-county region and conducted training for 350 physicians, nurses, nurse practitioners, and EMS providers.

The second and equally important goal of EC-AHEC is Rural Healthcare Clinical Rotation Site Expansion. This project has focused on expanding the number of rural healthcare providers that participate as clinical rotation sites for students enrolled in accredited healthcare training institutions. These rotations will give providers the opportunity to train students locally and potentially increase the number of students that choose to work in the community, become involved in the community, and serve the underserved and under-insured residents of the community. Smaller regional healthcare providers lack the staff resources to engage the process of enrolling with training institutions as a clinical rotation site. EC-AHEC has offered assistance and acted as navigator to the providers and assisted them through the process of becoming a clinical rotation site. The benefits of this program to the region include raising awareness of the need and benefits of student clinical rotations in rural sites and increasing the number of rural sites offering clinical rotations. The partnership of William Carey University and EC-AHEC has resulted in an increase of over 10 facilities that will offer clinical rotations to the 200+ students in their third and fourth

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Quality healthcare is our goal at East Central AHEC (continued)

(continued from page 5)

year of medical school. EC-AHEC has also worked closely with these facilities to secure applications from over 40 physicians within the region to serve as preceptors to these students. The benefit of having students rotate within the region will offer the opportunity for health professions students in real world settings (i.e., migrant, urban, rural, and community health clinics) to work with underserved populations. These students will have a better understanding of the complex needs of underserved communities and could be motivated to provide additional services and to practice in underserved areas following training. EC-AHEC is uniquely qualified to facilitate clinical placements and recruitment of these students because of its linkages to local healthcare resources and community and social organizations within the region.

During this process, we have been able to educate the providers on the importance of becoming a National Health Service Corp Certified Site. EC-AHEC has assisted several facilities in the application process from gathering application data, collecting required reports, and filing the application, to the actual site inspection. The National Health Service Corp (NHSC) offers loan forgiveness programs that can provide substantial financial benefits to primary care practitioners willing to practice in underserved areas. Providers that are designated NHSC placement sites can use NHSC loan forgiveness programs as a powerful recruitment tool. This year, EC-AHEC has assisted five facilities in applying for NHSC Site Certification. EC-AHEC has also assisted three practitioners from within the region in applying for and receiving loan repayment from NHSC.

The final goal of EC-AHEC is to educate about health and community development. We have been responsive to local health needs and served as a link between academic training programs and community-based outreach programs. EC-AHEC has provided innovative, collaborative, multi-disciplinary responses to community health issues including diabetes, obesity, asthma, smoke-free environments, and safety issues including water-sports, bicycle, and ATV safety. The latest collaborative effort was the production of a public service announcement on ATV safety.



Mississippians have 3.5 more ATV accidents than other surrounding states. We, as a region, felt this is an education issue. EC-AHEC, along with the East Central Mississippi Trauma Care Region, worked with many partners including WTOK television, EMS providers, Fire and Rescue, UMMC AirCare Crew, physicians, nurses and emergency room providers from over five local facilities to produce the commercial that is now on air in over 10 counties in east Mississippi and west Alabama. EC-AHEC, along with volunteers from these facilities, have personally reached over 900 adults and children with the message of ATV safety through events and partnerships with businesses in the region such as Lowe's, Wal-Mart, Pioneer Community Hospital of Newton, Neshoba County General Hospital, Anderson's Medical Center, Rush Foundation Hospital, Metro Ambulance, and the local fire fighters. We have also partnered with the local Mississippi State Extension 4-H agents and Farm Bureau within each county to offer ATV safety materials and training videos at each event. Several local ATV dealerships have partnered with us and provided retail items to give away and also provided an ATV onsite at these events. This project has taken the weekends of volunteers and their families, but the attitude has been overwhelming. One trauma volunteer stated, "If we save the life of just one individual or at least cause them to think before they get on an ATV, then we have served our community well."

As the Director of EC-AHEC, I have to say, working within the medical community has been an educational experience for me. Previously, as a director of a local chamber of commerce, I know the im-

portance of a healthcare facility to a rural community. The strength of the rural hospital affects everything in a community, from the recruitment of businesses to the local school system.

Education and workforce development are key issues in economic development. The rural healthcare facility faces the same issues as any factory or plant that may be located in a community, but so many times it is taken for granted that the healthcare facility will just always be a part of a community. After facing the reality of losing our local healthcare facility as a chamber director and knowing the impact it would have on the local community, I gained a new respect and working relationship with the healthcare employees. These relationships and contacts with surrounding counties have been very beneficial to me in the AHEC position. Because of this experience within my own community, I have a better understanding of healthcare disparities and underserved communities. This will only fuel the fire to make the EC-AHEC be more responsive to our local health care needs and continue to enhance the access to quality healthcare within our region. Working together, we can accomplish the goals we each set for our individual facilities and communities. Within our region, we have come to understand that what's good for us is usually good for our neighbor. If I can be of assistance to any of you, or you would like more information on NHSC, education opportunities, or just a visit for ideas, please feel free to call or email me.

Angie Burks, Director
East Central AHEC
P.O. Box 284
144 West Broad Street
Decatur, MS 39327
echealthnet@yahoo.com
601-635-5379

East Central Mississippi Area Health Education Center (EC AHEC) is hosted by the East Central Mississippi Health Network and is an affiliate of the Mississippi Area Health Education Center Program (MS AHEC) at the University of Mississippi Medical Center. The MS AHEC Program is partially funded by a grant from the Health Resources and Services Administration (HRSA).

IQH works with CMS to improve care while lowering costs

Through July 2014, Information & Quality Healthcare (IQH) will be working under contract with the Centers for Medicare & Medicaid (CMS), focusing on better healthcare, better health for people and communities, and lower costs through improvement (affordable care). IQH invites all health care providers and health quality stakeholders, including patients and their families, to be a part of its new improvement initiatives.

The Healthcare-Associated Infections (HAIs) project will focus on the areas of central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), surgical site infections (SSI), and ventilator-associated pneumonia (VAP). HAIs are one of the most common complications of hospital care. Nearly 2 million patients develop healthcare-associated infections, which contribute to 99,000 deaths each year and \$28 billion to \$33 billion in healthcare costs. IQH is working with the Patient Safety National Coordinating Center to provide hospitals with the most successful best practices, posters, trigger tools, tracking methods, monitoring methods, education materials, and interventions focused on the reduction of CLABSI, CAUTI, SSI, and CDI.

Currently, 13 hospitals are signed up to receive support from IQH through technical assistance. With the increasing data reporting demands on the Infection Preventionist (IP), it has become increasingly important that every hospital seek out resources and tools through technical assistance.

Good data increase transparency about the quality and safety in Mississippi's hospitals. All Medicare-participating hospitals will receive technical assistance from IQH for reporting inpatient and outpatient quality data to CMS. CMS encourages Critical Access Hospitals to report both inpatient and outpatient quality data. Submitting data on quality measures for public reporting demonstrates a commitment to providing quality care for patients and promoting informed decision-making by healthcare consumers. IQH's technical assistance in collecting and uploading data to the clinical warehouse will help to improve hospitals' publicly reported measures. All

participating hospitals can expect IQH to offer guidance in interpreting their data reported on *Hospital Compare*. Consequently, hospitals can prepare for pay-for-performance initiatives (Value-Based Purchasing) through education and technical assistance with CMS abstraction tools and requirements, as well as improve their abstraction accuracy. Although other organizations offer similar programs at significant costs, there is no charge for the materials or consultative and educational services provided by IQH.

For more information about the current projects, please contact Trannie Murphy, quality improvement manager, at 601-957-1575, ext. 222.

Did you know?

Although only one-third of all motor vehicle accidents occur in rural areas, two-thirds of the deaths attributed to these accidents occur on rural roads. Additionally, rural residents are nearly twice as likely to die from unintentional injuries other than motor vehicle accidents than are urban residents. Rural residents are also at a significantly higher risk of death by gunshot than urban residents.

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MISSISSIPPI RURAL HEALTH ASSOCIATION

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E-mail: mississippirural@bellsouth.net



*A voice for health
in rural Mississippi*

We're on the Web!
<http://www.msرها.org>

Mississippi Rural Health Association 2012 Capitol Day

January 25, 2012

8 a.m.—9:45 a.m.	Legislator Breakfast <i>invitation only</i>
9 a.m. —noon	Tabling
9:45 a.m.	Press Conference

Join us at the State Capitol as we show our support for Smokefree Air policy. All Mississippi partners and friends of rural health are invited to attend and show support for this important legislation in Mississippi.

For information about how to get involved, contact Ryan Kelly at 601.898.3001 or mississippirural@bellsouth.net. RSVPs for attendance are encouraged.

Event sponsored by:

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